

No. <b>C 108811</b>		<b>Due no later than Dec 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  POST FALLS FAMILY DENTAL CENTER, P.A. KENNETH J LYNN 313 N SPOKANE STREET POST FALLS ID 83854		H JAMES MAGNUSON 816 SHERMAN AVE COEUR D'ALENE 83814			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	KENNETH LYNN	313 N SPOKANE STREET	POST FALLS	ID	USA	83854	
DIRECTOR	ERIN E ELLIOTT	18365 CIRCLE TRAIL	RATHDRUM	ID	USA	83838	
5. Organized Under the Laws of:  <b>ID</b> <b>C 108811</b>		6. Annual Report must be signed.*  Signature: Kenneth J Lynn Name (type or print): Kenneth J Lynn					
		Date: 12/08/2014 Title: President					
Processed 12/08/2014		* Electronically provided signatures are accepted as original signatures.					